

Atty. Docket No: 991-8

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Robert M. Landis

EXAMINER: Shumaya B. Ali

SERIAL No.: 10/618,799

GROUP: Art Unit 3743

FILED: July 14, 2003

DATED: October 25, 2005

TITLE: **DYNAMIC INFANT NASAL CPAP  
SYSTEM AND METHOD**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir/Madam:

Transmitted herewith is an Amendment in the above-identified application.

Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
			RATE	ADDL. FEE		RATE	ADDL. FEE
TOTAL * 24	MINUS ** 24	= 0	x 25=	\$		x 50=	\$
INDEP. * 3	MINUS *** 3	= 0	x 100=	\$	OR	x 200=	\$
			x 180=	\$		x 360=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS			TOTAL	\$ 0.00		TOTAL	\$ 0.00

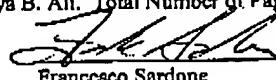
\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.

\*\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below. Fax No.: (571) 273-6088. Attn: Examiner Shumaya B. Ali. Total Number of Pages Sent: 17.

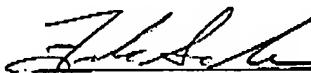
Date: October 25, 2005

 Francesco Sardone

Please charge Deposit Account No. 50-2140 in the amount of \$ . Two (2) copies of this sheet are enclosed.

A check in the amount of \$ is enclosed.

Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



Francesco Sardone  
Reg. No. 47,918  
Attorney for Applicant(s)

*Carter, DeLuca, Farrell & Schmidt, LLP*  
445 Broad Hollow Road  
Suite 225  
Melville, New York 11747  
Tel.: (631) 501-5700  
Fax: (631) 501-3526

FS/nr